



COMPOSITE HEALTH CARE SYSTEM

“Essential Elements for Data Quality...”

**Data Quality Management Control Program
TRICARE Data Quality Course**

May 2011



Agenda

- **Part 1 - CHCS - Essential Elements...**
 - Information Resources
 - Data Quality Building Blocks
 - CHCS Support for Data Quality
 - CHCS Visit Workload Reporting
 - Managing Data Quality in CHCS
- **Part 2 - Ambulatory Data Module (ADM)**
 - CHCS-ADM/AHLTA Data Updates
 - Business Rules & Data Checks



Brief Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



Course Objectives

- **Managing Data Quality in CHCS:**
 - Identify “Essential Elements” in CHCS that must be maintained to support Data Quality
 - Highlight features and business rules that impact Data Quality
 - Identify data flows and processes to improve Data Quality
 - Who needs to be on Your Team?
- **Information and Training Resources...**



Womack Army Medical Center

Your Data Is Showing ...

WEB SITE	LINK (Verified May 2011)
TRICARE Operations Center (Internet Explorer 6.0) <ul style="list-style-type: none">▪ Access to Care Template Analysis▪ Enrollment Status Reports	http://mytoc.tma.osd.mil/Front_pageA.html
CarePoint MHS Population Health Portal (As of Jan 2011) <ul style="list-style-type: none">▪ HEDIS Measures/Action Lists/Disease Prevalence▪ Medical Home Entries	https://carepoint.afms.mil
CarePoint Portal - Clinical Applications (As of Jan 2011) <ul style="list-style-type: none">▪ Patient Summary, Peer Review and ProActive Patient Mgmt▪ Wellness Reminder Checks, Referral Management Tracking	Contact your MTF Information Management for Internet Link
Data Quality Management Control Program <ul style="list-style-type: none">▪ Data Quality Metrics▪ Document Library and Training	http://www.tricare.mil/ocfo/mcfs/dqmcp/metrics_reports.cfm
AKO (Access Knowledge Center) <ul style="list-style-type: none">▪ OTSG/MEDCOM TRICARE Division▪ Portal to Access Measures and Download Files	https://www.us.army.mil/suite/page/336433
Army PASBA (CAC Log-In) <ul style="list-style-type: none">▪ Coding VTC Presentations▪ On-Line Applications (Coding, RVU and Provider Productivity)	https://pasba3.amedd.army.mil/login/login.fcc
AMEDD Clinical Systems Exchange Portal <ul style="list-style-type: none">▪ CHCS/AHLTA Support & Pearls▪ Clinic Workflow/Business Process Re-Engineering	https://mitc.amedd.army.mil/vmc/default.aspx * Requires DoD CAC e-MAIL Certificate



Womack Army Medical Center

Web-Based Training Resources

WEB SITE	LINK (Verified May 2011)
AHLTA/CHCS Virtual Classroom <ul style="list-style-type: none">▪ Web Based & Virtual Classroom▪ Courses available for download	http://dhims.health.mil/userSupport/ahlta/training/tutorials.aspx
CHCS Scheduled Classes <ul style="list-style-type: none">▪ Scheduled Instructor Lead Classes▪ Various CHCS Sub-Systems	https://fieldservices2.saic.com/Report.aspx?Id=506
CarePoint Application Suite (.com/.net Accessible) <ul style="list-style-type: none">▪ Computer Based Training - Video Tutorials▪ CarePoint Community▪ DCO Virtual Classroom Schedule	http://www.afchas.com/community/pages/homepage.html
UBO Learning Center: Web-Based Training <ul style="list-style-type: none">▪ Patient Category Finder Tool▪ Webinars and Downloads	http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm
Show-Me Academy (.com/.net Access Needed) <ul style="list-style-type: none">▪ Excellent "Excel" Video Tutorials▪ 50+ Skill Builder Topics (No Registration Required)	http://www.showmeacademy.com/list_of_video_tutorials/
Chandoo Dashboards <ul style="list-style-type: none">▪ Excel Tips & Blog▪ Charts & Data Visualization Techniques	http://chandoo.org/wp/
Contextures <ul style="list-style-type: none">▪ Excel Tips & Blog▪ Extensive Download Library	http://www.contextures.com/tiptech.html



Virtual Classroom

MHS MILITARY HEALTH SYSTEM | U.S. Department of Defense
ELECTRONIC HEALTH RECORD: *USER SUPPORT (AHLTA)*

Home | About | System Info & Updates | Guides & Manuals | **Training** | Help Desk | FAQS | Back to DHIMS

Home | AHLTA | Training | [Tutorials](#)

Tutorials

These tutorials provide a quick overview of various topics, modules and encounters found in AHLTA and the Composite Health Care System (CHCS). For some of the tutorials or demonstrations, the user will be 'walked through' certain scenarios to depict a particular situation for a more hands-on approach.

Choose from the following tutorials:

- ▶ [AHLTA 3.3 Computer-Based Training](#)
- ▶ [AHLTA 3.3 Self Training](#)
- ▶ [AHLTA 3.3 Virtual Classroom](#)
- ▶ [CHCS Self Training](#)
- ▶ [CHCS Virtual Classroom](#)

Composite Health Care System (CHCS)

CHCS Self Training	Date	Type	Size
Laboratory (LAB) Course 2: CHCS LAB Front Desk Operations II	02/01/06		676KB
Managed Care Program (MCP) Course 4: Advanced Front Desk	03/24/06		1.1MB

HELPDESK
Having EHR trouble?
The MHS Help Desk provides support for U.S. military medical information systems worldwide, 24/7!
Email: MHS_REMEDY@timpo.osd.mil

[Click for More Info](#)

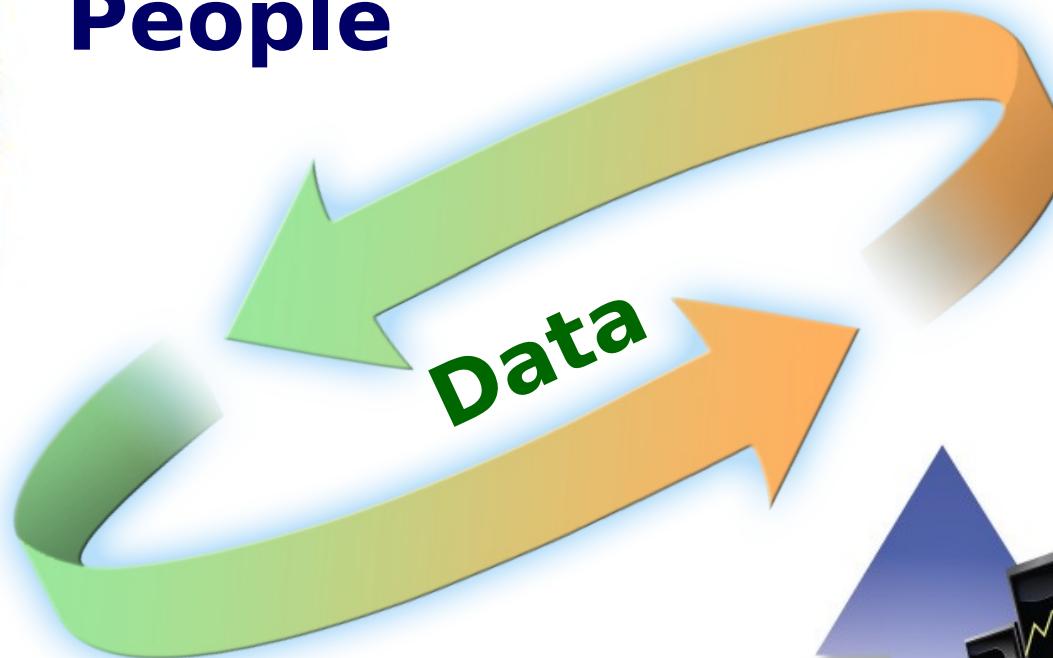




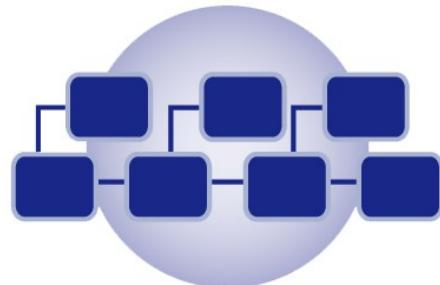
Data Quality Management



People



Process



Technology





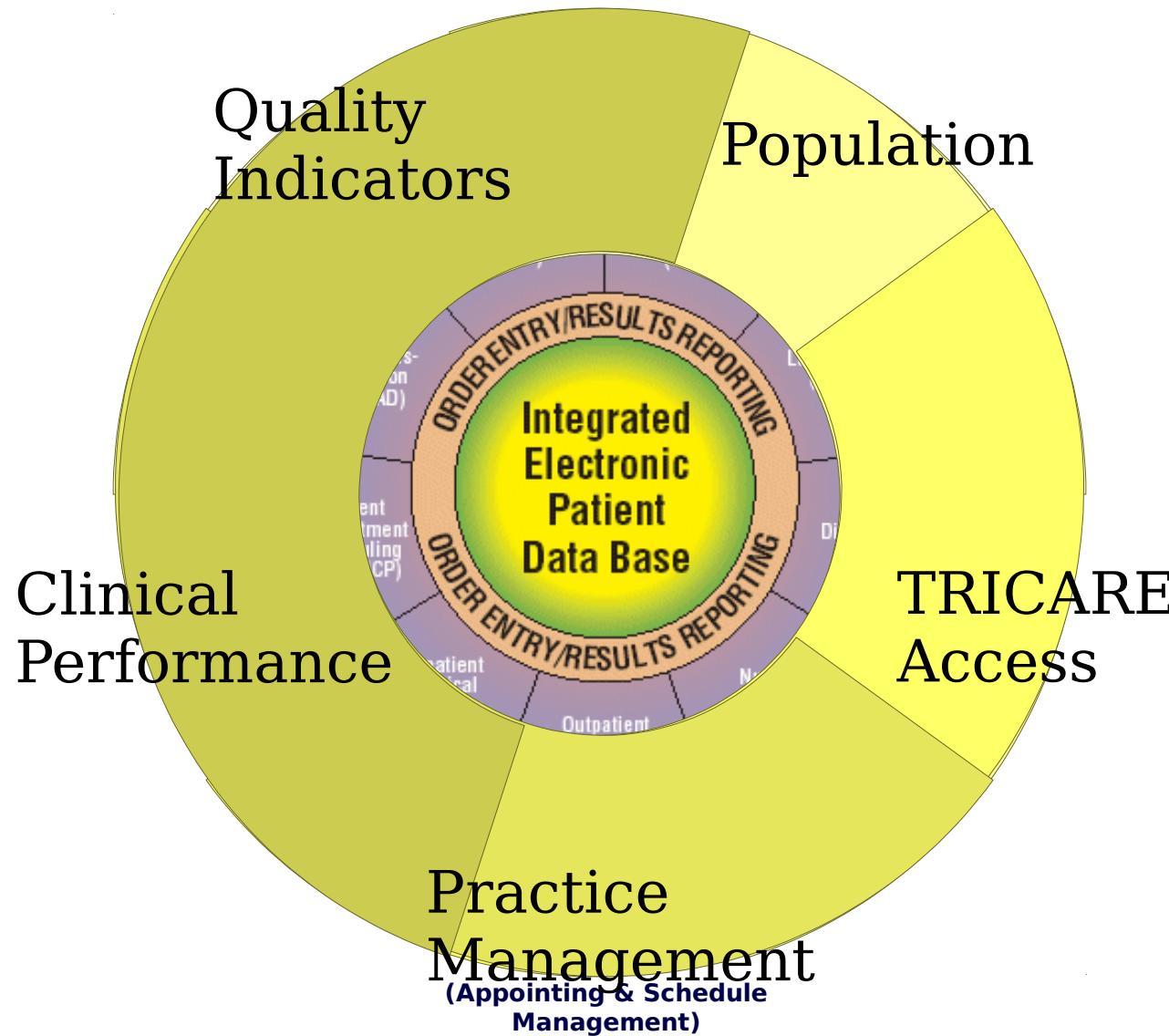
Why the Focus?

- **CHCS continues to be the primary clinical application and data source for the Military Health System (MHS) to:**
 - Capture and report services provided (Outpatient and Inpatient)
 - Measure productivity/efficiency
 - Forecast demand for services
 - Establish performance benchmarks
 - Identify trends and utilization
 - Assess and improve quality of care
 - Access to Care
 - Standard of Care
 - Population Health/Wellness
 - Military Related Illness/Injuries
 - Clinical Practice Guidelines
 - Outcomes
 - Research





Data Capabilities





Since 1992...

- **CHCS has been the primary operational clinical system implemented world-wide:**
 - Individual CHCS Host Platforms
- **Interfaces with more than 40 Clinical & Administrative systems:**
 - AHLTA - Department of Defense Electronic Health Record (EHR)
 - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
 - Resources - Expense Assignment System (EAS)
 - Billing - Third Party Outpatient Collections System (TPOCS)/Medical Services Accounting
 - Pharmacy - Pharmacy Data Transaction System (PDTs)
 - Operations - CarePoint Healthcare Applications Suite (CHAS)
- **Standard tables for data consistency:**
 - ICD-9-CM/ICD-9-PCS (Inpatient/Outpatient Diagnosis and Injuries)
 - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
 - Provider Medical Specialty->HIPAA Provider Taxonomy
 - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
 - Federal and DoD standard Tables





A Day at Womack AMC...



TRICARE Prime/Plus Enrollees
112,980

Outpatient Clinic Visits
3,360

Babies Born 9

Beds Occupied 94

Surgical Procedures 29

X-rays, CT Scans and MRI's
848

Pathology Procedures 2,630

Data Source: CHCS (FY10)
Prescription's Filled 7,019

ER Encounters 200

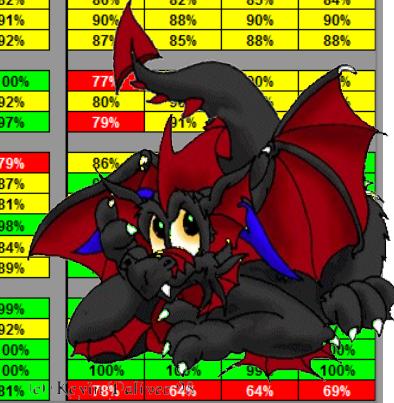


It's Not Easy Being Green!

March 2011 (January FY 2011 Data Month)

Percent Compliant by Service (extract from TMA Summary Sheet)

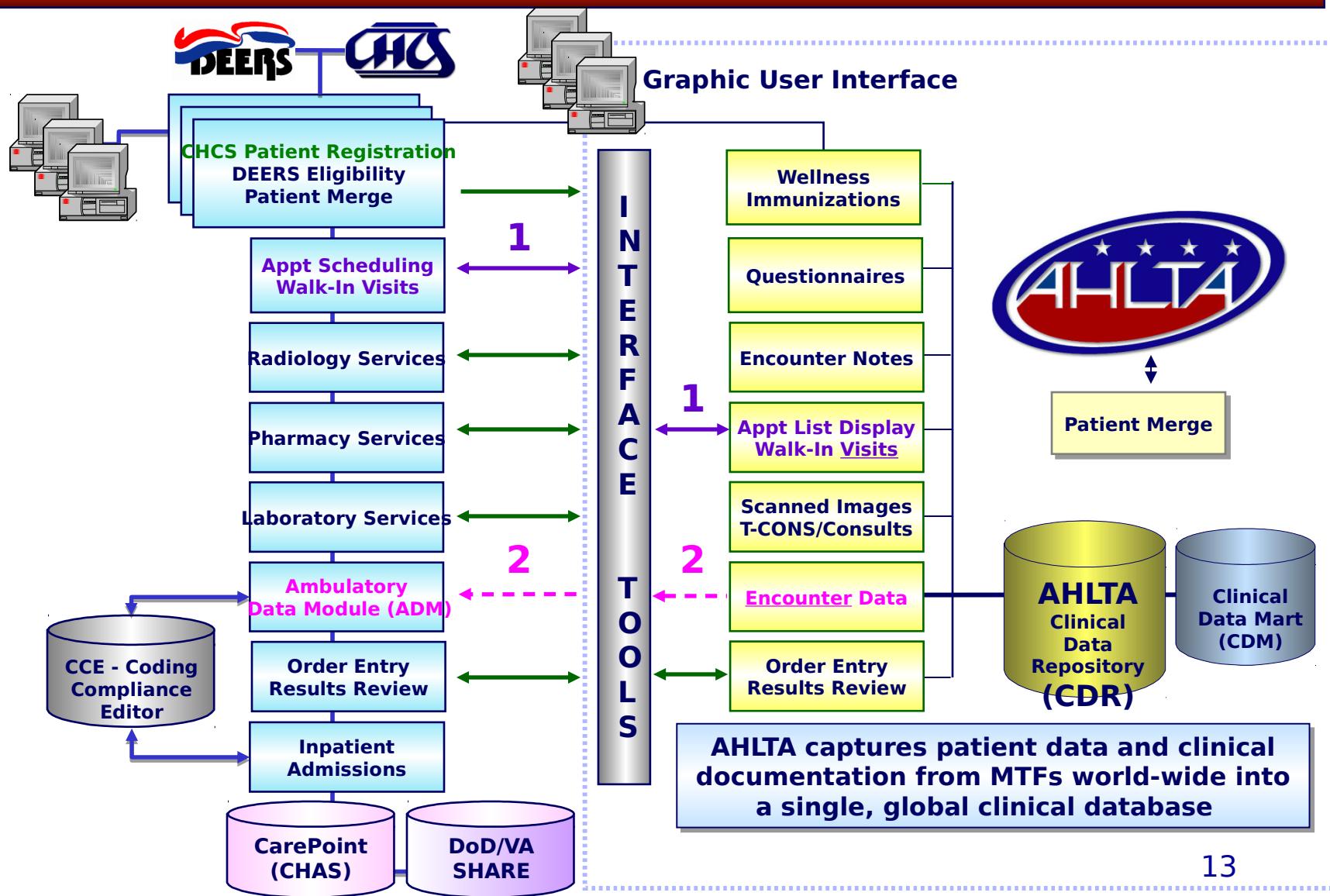
DQ Statement Question Number:	Army				Navy				Air Force			
	Dec-10	Jan-11	Feb-11	Mar-11	Dec-10	Jan-11	Feb-11	Mar-11	Dec-10	Jan-11	Feb-11	Mar-11
Reporting Month	Oct-10	Nov-10	Dec-10	Jan-11	Oct-10	Nov-10	Dec-10	Jan-11	Oct-10	Nov-10	Dec-10	Jan-11
1. In the data month (include only B*** and FBN* accounts):												
a. What percentage of appointments was closed in meeting your "End of Day" processing requirements?	100%	100%	100%	100%	99%	100%	99%	99%	100%	100%	100%	100%
b. IAW legal and medical coding practices have all the following occurred:												
a. What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter?	92%	94%	93%	94%	90%	90%	92%	99%	89%	89%	90%	90%
b. What percentage of APVs has been coded within 15 calendar days of the encounter? (B.6b)	94%	93%	96%	97%	95%	92%	93%	94%	82%	81%	74%	72%
c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c)	87%	95%	99%	99%	39%	96%	83%	83%	66%	79%	76%	74%
c. What percentage of inpatient records has been coded within 30 calendar days after discharge? (B.6c)												
d. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f)												
a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Reconciliation Team?	100%	100%	100%	100%	100%	100%	100%	100%	89%	89%	94%	94%
b. Were the data load status, outlier/variance, VWR-EAS IV, and allocation tabs in the MEWVACS document correct?	100%	100%	100%	100%	100%	100%	100%	100%	99%	97%	100%	100%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSi, What is the Percentage of Submitted Timed Data?	99%	93%	100%	100%	97%	95%	95%	99%	92%	93%	97%	98%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSi, What is the Percentage of Approved Time?	99%	93%	100%	100%	96%	94%	96%	100%	91%	92%	96%	97%
4. Compliance with TMA or Service-Level guidance for timely submission of data:												
a. MEPRS/EAS - 45 Calendar Days	94%	94%	100%	100%	70%	74%	81%	78%	53%	49%	69%	71%
b. SIDR/CHCS - 5th Working Day of the Following Month	96%	100%	100%	100%	100%	95%	58%	95%	100%	93%	100%	93%
c. VWR/CHCS - 10th Calendar Day of the Month	100%	97%	100%	100%	100%	100%	100%	100%	94%	94%	96%	99%
d. SADR/ADM - Daily	97%	98%	100%	99%	99%	100%	100%	100%	100%	99%	100%	99%
5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h)												
a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported]	99%	95%	95%	95%	97%	91%	90%	91%	86%	93%	92%	93%
b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f) [Self-reported]	98%	97%	97%	98%	92%	88%	91%	85%	79%	80%	73%	73%
c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g) [Self-reported]	97%	95%	95%	96%	89%	82%	87%	85%	78%	78%	72%	72%
d. Inpatient Professional Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported]	99%	97%	97%	98%	92%	85%	91%	87%	79%	79%	73%	72%
6. Outpatient Records (C.6.a, b, c, d)												
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size)	99%	99%	99%	99%	100%	100%	100%	100%	97%	94%	95%	96%
b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance)	89%	91%	87%	90%	82%	81%	83%	82%	86%	82%	85%	84%
c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported]	96%	97%	95%	97%	92%	90%	91%	91%	90%	88%	90%	90%
d. What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance)	92%	92%	92%	91%	90%	90%	92%	92%	87%	85%	88%	88%
7. Ambulatory Procedure Visits (APV) (C.7.a, b, c)												
a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sample size)	100%	100%	100%	100%	100%	100%	100%	100%	77%	80%	80%	80%
b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported]	98%	97%	97%	97%	97%	96%	91%	92%	80%	80%	85%	85%
c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance)	98%	98%	99%	98%	98%	98%	97%	97%	79%	81%	81%	81%
8. DD-2569 forms. (C.8.a, b, c, d, e, f)												
a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within the past 12 months) DD Form 2569s is verified to be correct in the system?	96%	95%	99%	97%	79%	78%	80%	79%	86%	82%	80%	80%
b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s is verified to be correct in the system?	100%	100%	100%	100%	91%	91%	87%	87%	91%	91%	91%	91%
c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within the past 12 months) DD Form 2569s is verified to be correct in the system?	81%	83%	83%	87%	78%	93%	78%	81%	81%	88%	88%	88%
d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s is verified to be correct in the system?	99%	98%	99%	99%	99%	84%	98%	98%	99%	99%	99%	99%
e. APVs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s is verified to be correct in the system?	96%	92%	95%	92%	82%	82%	83%	84%	82%	82%	83%	84%
f. APVs: What percentage of available, current and complete DD Form 2569s is verified to be correct in the system?	100%	100%	100%	100%	92%	89%	85%	89%	92%	91%	91%	91%
9. Comparison of reported workload data. [Service average is average of percentage of each MTF.] (C.9.a, b, c, d, e)												
a. Number of SADR encounters (count only) / number of WWR visits.	100%	100%	101%	100%	99%	100%	100%	99%	100%	100%	100%	100%
b. Number of SIDR dispositions / number of WWR dispositions.	98%	100%	98%	100%	50%	96%	97%	92%	98%	98%	98%	98%
c. Number of EAS visits / number of WWR visit.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
d. Number of EAS dispositions / number of WWR dispositions.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
e. Number of Inpatient Professional Services Rounds SADR encounters (FCC=A***) / number of SUM WWR	88%	88%	89%	91%	80%	79%	81%	81%	98%	64%	64%	69%



Kev



Integrated Capabilities





Update/Change Process

The screenshot shows a Microsoft Outlook window with the title bar "CHCS CPs - Microsoft Outlook". The menu bar includes File, Edit, View, Go, Tools, Actions, Help, and Nuance PDF. The toolbar includes New, Reply, Reply to All, Forward, Send/Receive, Search address books, Archive Search, and a search bar. The left sidebar shows the "Mail" folder tree with "CHCS CPs" selected, containing sub-folders like "Charlene's Folders", "Deleted Items", "Drafts", "Inbox", "ALLPADS", "ARMY CODING", "CHCS CPs", "DBO PRODUCTIVITY", "FT BRAGG POCS", "LES", "MHS PHP", and "Junk E-mail". The main pane displays a list of 306 emails. The columns are From, Subject, Received, and Size. The list includes various software update notifications and release notes from Linda M. Hopkins, such as "CHCS - Special Software - Change Package 364 (UNCL...)", "CHCS - Special Software - SNOMED UPDATE V1.0 FOR F...", "CHCS - Special Software - DMIS ID UPDATE V7.0 FOR F...", and "CHCS - Special Software - UIC UPDATE VERSION 2....". Other entries include "CHCS - Special Software - DMIS ID UPDATE V7.0 FOR FY...", "CHCS - Special Software - UIC UPDATE VERSION 2.0 FY 2...", "CHCS -> Special Software -> # 35278 Patch to CHCS CP...", "Release Notes for all packages loaded. (UNCLASSIFIED)", "CHCS - Special Software - B2K SENDING MULTIPLE MES...", "CHCS - Special Software - DMIS ID UPDATE V6.0 FOR FY...", "CHCS - Special Software - LOINC UPDATE V1.0 FOR THE...", and "CHCS - CP 363 - EWSR PHASE 2 RELEASE 1 REG2/SCH...". The emails are dated from March 2011 to December 2010, with file sizes ranging from 22 KB to 130 KB.

- **Periodic Software Updates include:**

- **Special Software (SS) to update Standard Files such as:**

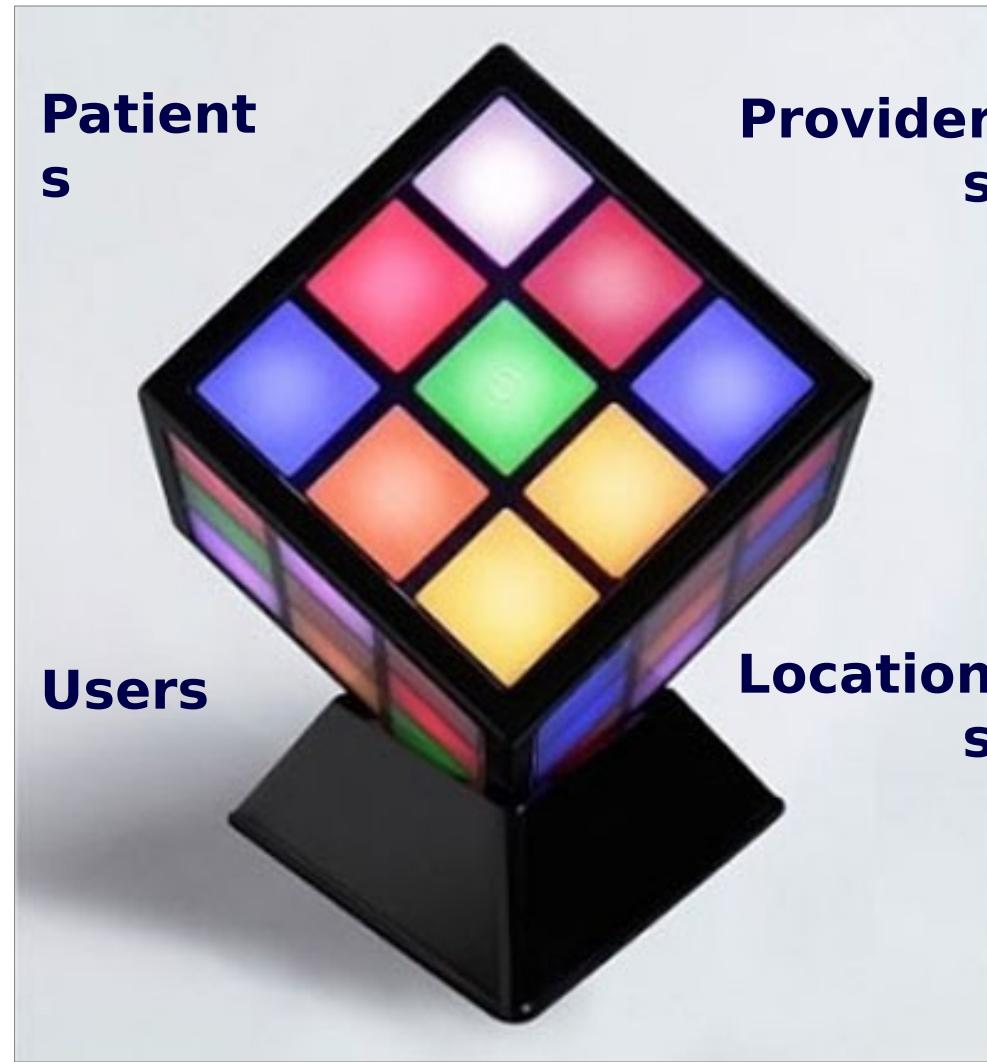
- Defense Medical Information System (DMIS ID), Unit Identification Codes (UIC), ICD-9-CM/ICD-9-PCS and CPT/HCPCS Codes, Pharmacy, Billing Rate Tables, Zip Codes, etc.

- **CHCS Change Package (CP) updates:**

- Bug "Quick" Fixes and Minor changes
 - Must be installed by Systems Staff in sequence to ensure Configuration Management

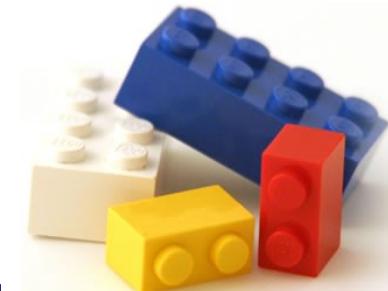


Files “Cube” Challenge...





MTF Managed Files



1. User File

- Who is authorized to access CHCS/AHLTA
- Access levels defined by Security Keys

2. Patient File

- Unique identification of persons in the CHCS database
- Registration in the CHCS "Host" Database is required for the patient to be processed in AHLTA as a Walk-In/T-CON, Essentris Inpatient processing or for Ancillary Order Entry

3. Provider File

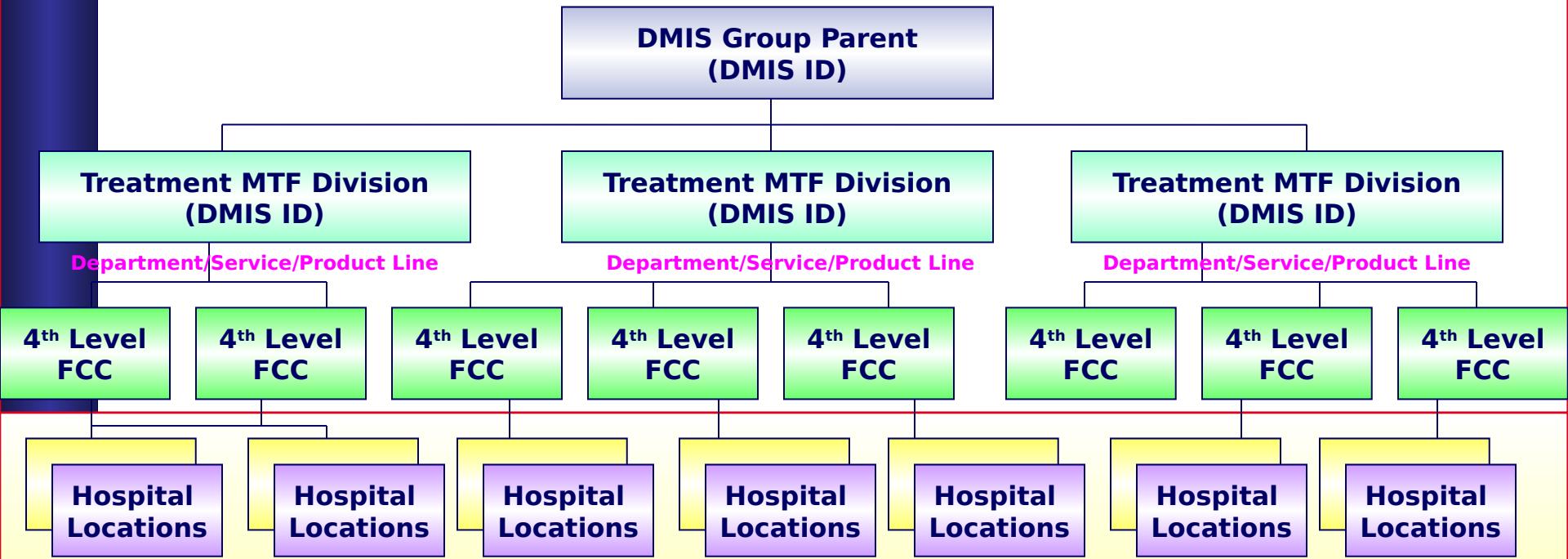
- Unique identification of both Direct Care and External Civilian Providers
- Medical Specialty->HIPAA Taxonomy
- National Provider ID (NPI)
- Clinical Order Entry Access/Approval Authority (CHCS/AHLTA)

4. Hospital/Clinic Location File

- Identifies types of Services provided and where they are performed:
 - Inpatient Wards, Ambulatory Procedure Units (APUs), Outpatient Clinics, Ancillary Services Locations (LAB, RAD and Rx), Admin Areas/File Rooms, etc.
- Linked to Functional Cost Codes (FCCs) and Defense Medical Information System (DMIS) IDs for Workload Reporting



Locations - “Linked In”



- **MTF Organizational Elements used for Workload Capture and Reporting by:**
 - Group Parent Defense Medical Information System ID (DMIS ID)
 - Treatment MTF DMIS ID
 - 4th Level MEPRS Code - Functional Cost Code (FCC)
 - Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
 - Managed Care (Primary Care Manager) Teams
 - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



Hospital Location

- **Multiple Hospital Locations may be linked to the same 4th level FCC**
- **Used by AHLTA to map Assigned Clinic Locations to Users and Appointment List Displays**

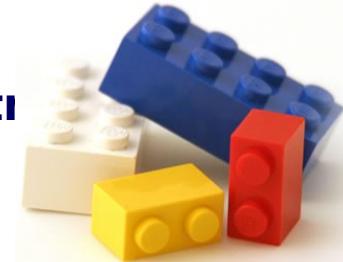
FY11 DOFM BGA CONSOLIDATED																					
As of 22 Feb @ 0700																					
Providers																					
HCP	(All)																				
HCP_SIG	3	<input checked="" type="checkbox"/> 1 = RN/TECH																			
STATUS OF PATIENT	(All)		< SELECT																		
Appointment Distribution																					
DEPT	FCC	CLINIC_LOC	APPT_STATUS	MONTH	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Grand Total											
CHC	BGAI	CHC-TEAM ADMIRATION	KEPT		1,331	1,329	1,249	1,178	798	5,885											
		CHC-TEAM BRAVERY	KEPT		774	1,193	899	1,055	862	4,783											
		CHC-TEAM CONFIDENCE	KEPT		1,511	1,481	1,261	1,392	1,021	6,666											
		CHC-TEAM DEVOTION	KEPT		1,123	1,400	1,183	1,190	945	5,841											
		CHC-TEAM ENDURANCE	KEPT		1,203	1,114	922	464	538	4,241											
		CHC-TEAM FREEDOM	KEPT		852	579	647	877	612	3,567											
		FLIGHT MED/CLARK	KEPT		1					1											
		PEDIATRICS-CLARK	KEPT			2				2											
		CHC Total			6,795	7,098	6,161	6,156	4,776	30,986											
WFMRC	BGAA	DOFM AMIC CL	KEPT		2,223	2,092	1,661	2,177	1,723	9,876											
		DOPC CONSOLIDATED CL	KEPT		168	173	139	531	259	1,270											
		WFM SPORTS MEDICINE	KEPT		50	58	40	48	27	223											
		WFM-ANTEPARTUM	KEPT			2	7	8	1	18											
		WFM-PHARMACOLOGY	KEPT		47	56	84	69	42	298											
		WFM-TEAM COURAGE	KEPT		413	464	409	497	430	2,213											
		WFM-TEAM DUTY	KEPT		780	772	649	748	523	3,472											
		WFM-TEAM HONOR	KEPT		1,045	847	833	453	380	3,558											
		WFM-TEAM INTEGRITY	KEPT		884	969	847	863	691	4,254											
		WFM-TEAM RESPECT	KEPT		972	871	721	716	540	3,820											
WFMRC Total					6,582	6,304	5,390	6,110	4,616	29,002											
Grand Total					13,377	13,402	11,551	12,266	9,392	59,988											



More Key Files...

4. Schedule Entity File

- **Holds Schedule Templates for Clinic Appointments**
- **Data purged from CHCS after 90-120 Days**



5. Patient Appointment File

- **Contains Clinic, Attending RNDS* and Radiology (RAD*) Appointments**
- **Sends Scheduled Appointments and Walk-Ins to AHLTA**
- **Captures key elements needed for Visit Workload Reporting**
- **Tracks Appointment Status**
 - PENDING, KEPT, WALK-IN, S-CALL, TEL-CON, OCC-SVC, LWOBS, CANCEL, NO-SHOW and ADMIN

6. KG ADC Data File (Encounter Data/Coding)

- **Captures encounter Diagnosis and Procedure Coding for:**
 - Outpatient, APV and Inpatient Attending Provider RNDS*
- **Provides clinical encounter data needed for identifying services provided, and measuring performance**



Clinic Profile

- Establishes Workload Type for the Clinic:
 - COUNT
 - NON-COUNT
- NON-COUNT Locations cannot have COUNT Visits:
 - Special Programs
 - Nurse Clinics
- Identifies Appointment Types for the Clinic Location:
 - COUNT (ACUT, WELL, ROUT, EROOM, RNDS*, T-CON*, etc.)
 - NON-COUNT (RNDS*)
 - NON-COUNT (RN T-CON*)
- AHLTA supports the Workload Flag set by CHCS by:





Clinic Profile (^CPR0)

CLINIC PROFILE

Hospital Location: WFM-TEAM INTEGRITY

Name: WFM-TEAM INTEGRITY

Abbreviation: INTEGR

Facility: WOMACK ARMY MEDICAL CENTER

Division: WOMACK AMC FT BRAGG NC

Building Name: WOMACK ARMY MEDICAL CENTER

Building Number: 42817

Street Address: REILLY ROAD

ZIP: 28310

City: FORT BRAGG

State: NORTH CAROLINA

Clinic Location: 1ST FLOOR, CLINIC WING

Clinic Availability:

Telephone: 910-907-6451

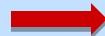
Enrollee Lockout: NO

Type of Care:

Service: FAMILY PRACTICE SERVICES

Department: FAMILY PRACTICE DEPT

MEPRS Code: BGAA



- CHCS Patient Appointment/Managed Care Program (PAS/MCP) Menu Option
- Normally managed by Clinic Staff



Clinic Profile (^CPR0)

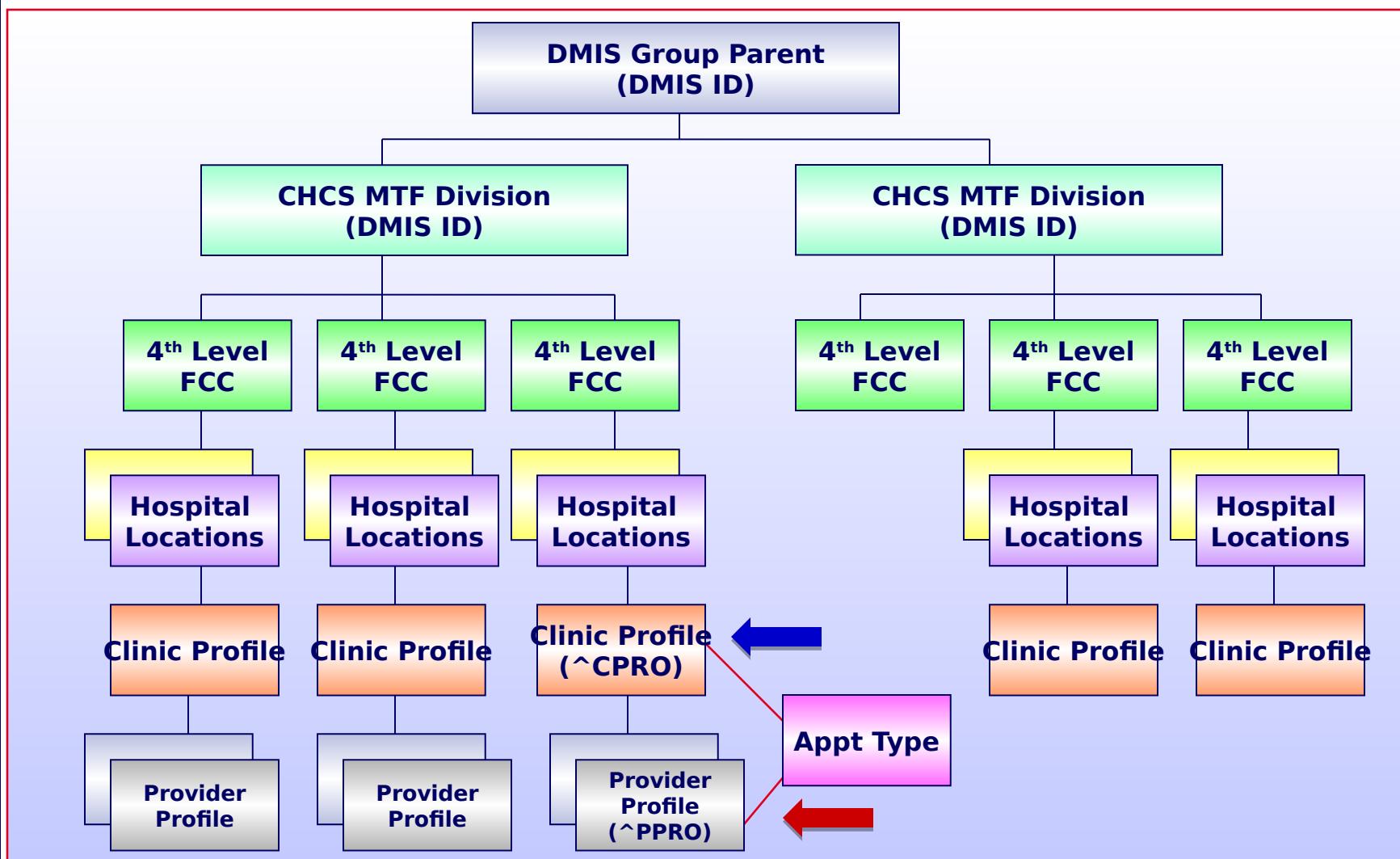
CLINIC PROFILE

HOSPITAL LOCATION: WFM-TEAM INTEGRITY

Wait List Activated: YES	Maximum Wait List Days: 200 day(s)
Wait List Provider Mandatory: YES	Wait List Hold Duration: 200 day(s)
Auto Wait List Processing: YES	Schedule Hold Duration: 30 day(s)
Prompt for Requesting Service: NO	Patient Record Pull: 1 day(s)
 Clinic Type: COUNT	Radiology Record Pull: 0 day(s)
Check Holiday File: YES	Roster Production: 4 day(s)
Cost Pool Code:	Prepare Reminder Notice: 4 day(s)
Activation Status: ACTIVATED	Available Schedule: 10 day(s)
Access to Care Reporting: YES	
Self-Referrals Allowed: YES	
Clinic Appt Instructions:	



Linking It All Together





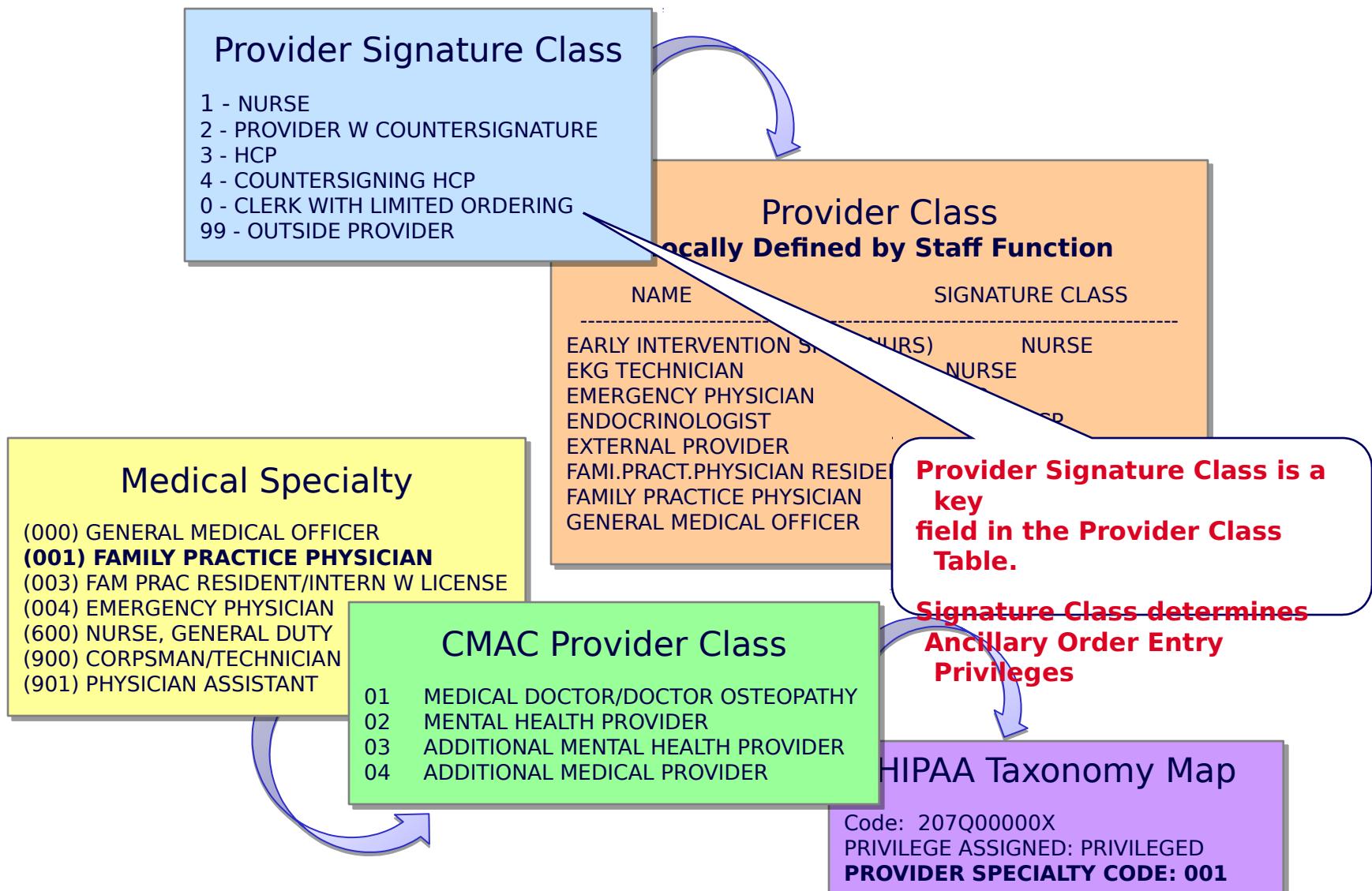
Provider File Elements

- **Provider ID (Short Name)**
 - Typically 5 characters of Last Name plus 1-2 Characters of First Name
 - Used by numerous MHS and Service reports
- **National Provider ID (NPI)**
 - Standard unique identifier for health care providers
- **Provider Class**
 - Locally defined Provider Type
 - Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
 - Establishes Provider Privileges for Ancillary Order Entry
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
 - CHAMPUS Maximum Allowable Charge (CMAC) Class used to calculate billing rate for Outpatient Itemized Billing
 - Multiple Specialties and HIPAA Taxonomies may be assigned
- **Active AHLTA Account (Yes/No)**
 - See Notes for Provider File Business Rules
 - [See CHCS Virtual Classroom for Common Files: Inactivate Provider](#) 24





Provider File Maps





Provider File Details

NAME: PROVIDER, WAMC
PROVIDER FLAG: PROVIDER
SSN: NNN-NN-NNNN

SEX: FEMALE
INITIALS: BJP
RANK: CIVILIAN

DOB: NN Au
TITLE
BRAN

HCP SIDR ID is system generated based on Primary Medical Specialty and Sequence Number, when Provider Flag = PROVIDER

SALUTATION: PHYSICIAN ASSISTANT
SIGNATURE BLOCK: PROVIDER, WAMC, PA-C
CLASS: PHYSICIAN ASSISTANT

PROVIDER ID: PROVIDERJ HCP SIDR-ID: 007133

PRIMARY HIPAA TAXONOMY: 390200000X EDI_PN: NNNNNNNNNN

REQUIRE SUPERVISING PROVIDER: NO

PERSON IDENTIFIER TYPE CODE: SOCIAL SECURITY NUMBER (SSN)

NPI ID TYPE CODE: INDIVIDUAL PROVIDER NPI ID: NNNNNNNNNN

NPI ID EDITABLE FLAG: UNEDITABLE LOCATION: JHC-BLUE TEAM

CLINIC ID: JHC-BLUE TEAM DEPARTMENT ID CODE: FAMILY PRACTICE DEPT

DRUG AUTHORIZATION KEY: OXYCONTIN

PROVIDER SPECIALTY(S): (007) FAM PRAC RESIDENT/INTERNS W/O

PROVIDER SPECIALTY(S): (901) PHYSICIAN ASSISTANT

HIPAA TAXONOMY: 390200000X

HIPAA TAXONOMY: 363A00000X

CCQAS LAST NAME: PROVIDER

CCQAS FIRST NAME: WAMC

CCQAS MIDDLE NAME: J

CCQAS DATE/TIME OF LAST UPDATE: 25 Oct 2008@025937

CCQAS-CONTROLLED FIELDS: ,.01,.12,.21,8,8002,8015,8147,

VERIFIED: YES

ENTERED BY: STEVENS, DELORIS A

DATE@TIME ENTERED: 10 Jan 2002@131703

VERIFIED BY: POSTMASTER

DATE VERIFIED: 25 Oct 2008@025937

CMAC MODIFICATION DATE: 02 Dec 2010

Inconsistent Medical Specialties entered, resulting in possible billing issues and DMHRSi Skill Type mis-match

- CHCS Fileman (FM)->Inquire to File->Provider File will list details

- Display template [HISTORICAL CAPTIONED will display Audit Trail of changes



Provider File “Team”

- **IMD/Data Admin:**

- Creates CHCS User Account
 - Assigns CHCS Security Keys (per Staff Role)

- **Credentials:**

- Creates Provider File Entry in CHCS
 - Enters Medical Specialty/HIPAA Taxonomy
 - Enters Class/Signature Class

- **Clinical/Operations/MCP Network Manager:**

- Sets PCM Flag
 - Manages PCM Capacity

- **Clinic Managers/Appt Supervisors:**

- Clinic Profile Entry/Updates (^CPRO)
 - Provider Profile Entry/Updates (^PPRO)

- **IMD (System Admin, Security and Training):**

- Security Clearance
 - Network Access
 - CHCS/AHLTA Account Transfer
 - AHLTA/CHCS Training

- **Business Systems (Personnel/MEPRS/DMHRSi):**

- Provider Type->Skill Type-> Occupation Code
 - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
 - Pay Grade
 - Location Assigned

- **Locally Developed Form(s) designed and utilized to streamline and standardize processes**





System Access Process

<p>To be completed by person on signature card. Authorizing personnel must <u>initial</u> each account</p> <p>NETWORK ACCESS INFORMATION</p> <table border="1"><tr><td><input type="checkbox"/></td><td>PC Login</td><td><input type="checkbox"/></td><td>VPN ACCESS (submit form W380-1d)</td><td><input type="checkbox"/></td><td>DEERS Worldwide</td></tr><tr><td><input type="checkbox"/></td><td>Outlook</td><td><input type="checkbox"/></td><td>Other (specify)</td><td><input type="checkbox"/></td><td>ESSENTRIS</td></tr><tr><td><input type="checkbox"/></td><td colspan="2">CHCS (annotate access level below)</td><td colspan="4"></td></tr><tr><td><input type="checkbox"/></td><td>Mailman Menu</td><td><input type="checkbox"/></td><td>Coding Menu</td><td><input type="checkbox"/></td><td>Laboratory Menu *</td><td><input type="checkbox"/></td><td>Emergency Room Menu</td></tr><tr><td><input type="checkbox"/></td><td>Medical Record Tracking Menu</td><td><input type="checkbox"/></td><td>Physician Menu</td><td><input type="checkbox"/></td><td>Social Work Menu</td><td><input type="checkbox"/></td><td>Clerk Front Desk</td></tr><tr><td><input type="checkbox"/></td><td>Mini registration</td><td><input type="checkbox"/></td><td>Results Retrieval</td><td><input type="checkbox"/></td><td>Pharmacy Menu *</td><td><input type="checkbox"/></td><td>OTHER (please specify)</td></tr><tr><td><input type="checkbox"/></td><td>Appointment Booking</td><td><input type="checkbox"/></td><td>Radiology Menu*</td><td><input type="checkbox"/></td><td>PAD Menu</td><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/></td><td>Nursing Menu (includes Order Entry)</td><td colspan="6">* <i>Strictly for ancillary service employees</i></td></tr></table>							<input type="checkbox"/>	PC Login	<input type="checkbox"/>	VPN ACCESS (submit form W380-1d)	<input type="checkbox"/>	DEERS Worldwide	<input type="checkbox"/>	Outlook	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	ESSENTRIS	<input type="checkbox"/>	CHCS (annotate access level below)						<input type="checkbox"/>	Mailman Menu	<input type="checkbox"/>	Coding Menu	<input type="checkbox"/>	Laboratory Menu *	<input type="checkbox"/>	Emergency Room Menu	<input type="checkbox"/>	Medical Record Tracking Menu	<input type="checkbox"/>	Physician Menu	<input type="checkbox"/>	Social Work Menu	<input type="checkbox"/>	Clerk Front Desk	<input type="checkbox"/>	Mini registration	<input type="checkbox"/>	Results Retrieval	<input type="checkbox"/>	Pharmacy Menu *	<input type="checkbox"/>	OTHER (please specify)	<input type="checkbox"/>	Appointment Booking	<input type="checkbox"/>	Radiology Menu*	<input type="checkbox"/>	PAD Menu	<input type="checkbox"/>		<input type="checkbox"/>	Nursing Menu (includes Order Entry)	* <i>Strictly for ancillary service employees</i>					
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<input type="checkbox"/>	Nursing Menu (includes Order Entry)	* <i>Strictly for ancillary service employees</i>																																																															
<p>b. Has the employee been trained on CHCS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit training request via WAMC, If YES, location of training</p> <p>Date of training: _____ <input type="checkbox"/></p>																																																																	
<p>* Note: Supervisor must submit a CHCS profile data sheet to Clinical Operations Division for employees required to have nurse signature class order entry access.</p>																																																																	
WAMC FORM 25-1U, MAY 2010			PREVIOUS EDITIONS ARE OBSOLETE																																																														
WAMC v2.04																																																																	

- **WAMC Form 25-1U outlines process steps for Security, System Access, User Accounts and CHCS Security Keys, specified by Clinic Administrator/Supervisor**



Time to Break...





Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
 - **Type OLUM (from any Menu display in CHCS)**
 - **Select IND to access the OLUM Index**
 - **Select CHCS Sub-System (Arrow Down to view additional topics)**
 - **Browse or Find topic of interest such as “Monthly” or “Hospital Location”**
- **Does not include recent CHCS updates**



Topics by Sub-System

OLUM INDEX

BAS	Basic CHCS Information
CLN	Clinical
DTS	Dietetics
FQA	Facility Quality Assurance
LAB	Laboratory
MCP	Managed Care Program
MM	MailMan User Guide
MSA	Medical Services Accounting
PAD	Patient Administration
PAS	Patient Appointment and Scheduling
PHR	Pharmacy
RAD	Radiology
RIT	Record/Image Tracking
+ WAM	Workload Assignment Module

The CLN volume includes information on:

- Enter/maintain orders, document patient care functions
- Review clinical results/orders, flowsheets and graphs
- Telephone consult, clinical desktop, and more.

Press **<F10>** to return to the OOLUM Menu.

- **Select CHCS Sub-System**
- **Select “Browse” from Action Bar Menu to view documentation and report samples**



Sub-System Topics Index

PAD ONLINE USERS MANUAL INDEX

	1	(204) Clinical Records with Forced (Override) Flag	2.9.13.6.7
	2	(460) No of Dispositions and Days Data by DRG	2.9.13.6.1
+	35	ADT Processing Output Menu	2.4.11
	36	Cancel ADT Transactions	2.4.7
	37	Change Clinical Service	2.4.10
	38	Corrections and ADT View	2.4.8
	39	Disposition option (General Information)	2.4.2
	40	Information Desk Display	2.4.5
	41	Interward Transfer	2.4.3
	42	Projected Disposition	2.4.9
	43	Review Pending ADT Actions	2.4.4
	44	RON Admission	2.4.6
	45	ADT Processing Output Menu	2.4.11
	46	Adm & Disp Recap by PATCAT	2.4.11.1
	47	Admission and Disposition Report	2.4.11.2
→	48	Admission by Diagnosis Report	2.4.11.3
	49	Admission Cover Worksheet	2.4.11.4
	50	Admission Notification to Unit	2.4.11.5
	51	Admission Verification Worksheet	2.4.11.19
+	52	Alpha Roster	2.4.11.6

Access text and browse through information.

<Select> = Select item <Return> = Redisplay action bar ? = Help



Patient Registration

- **Patient MUST be entered into the CHCS “Host” database to be able to be used in AHLTA or DoD/VA SHARE**
- **CHCS checks to help prevent creation of duplicate patients**
 - Double entry to confirm Sponsor SSN
- **Requires Fileman “&” (Ampersand) key to enter new patients**
- **Allows Pseudo-Individual SSNs (800-YY-MDDD)**
 - Assign responsibility for updating Pseudo SSNs
- **Allows users with Full or Mini-Registration access to update:**
 - Address and Contact Information
 - Outpatient Medical Records Location
 - Patient Category – to identify beneficiary relationship to the MHS
 - Station/Unit ID – MTFs can create locality specific Unit ID Table





Patient Registration Flow



- DEERS is considered to be the “gold” standard for Patient Identity and key data elements that uniquely identify a Beneficiary.
- When a new patient is being added to CHCS, data from DEERS is downloaded into CHCS.
- CHCS Change Package of April 2011, established New Security Keys to prevent Users from by-passing DEERS matching.
- Users with the Fileman “&” ampersand key will only be allowed to create new Patient Records, if the patient is found in DEERS, unless they also have the NEW **DG ADD PATIENT** Security Key that allows them to add Patients to CHCS - NOT Found in DEERS.



Mini-Registration

Patient: PATIENT, TEST C
FMP/SSN: 20/999-99-9905

DOB: NNFebNN

Mini Registration
PATCAT: N22 Sex: F

★ Patient: PATIENT, TEST C
PATCAT: N22 (USN RES INACT DUTY TRG)

DOB: NN Feb NNNN
FMP: 20

Home Phone: 910NNNNNNN W: 9109079989

SSN: 999-99-9905

Patient Addr: NNNN WISTERIA LANE

Sex: FEMALE

City: FAYETTEVILLE

St/Cntry: NC Zip: 28314-9212

Sponsor: PATIENT, TEST C

Service: NAVY

FMP: 20 Sex: FEMALE

Sponsor SSN: 999-99-9905

PATCAT: N22 (USN RES INACT DUTY TRG)

DOB: 23 Feb NNNN

Command Sec:

Rank: LIEUTENANT COMMANDER

Local UIC:

Duty Address:

City:

St/Cntry:

Zip:

Duty Phone: 9105559989

DSN:

Reg Comment: HIPAA METHOD OF CONTACT - HOME PHONE

- Key person identifier elements “synched” with DEERS are “Locked Down”
- MTF Staff are responsible for Patient Category updates for Billing and Workload
- Updates to Demographics and Contact Information MUST be made in CHCS
- Consider using Home Phone as Preferred Method of Contact
- Full Patient Registration is required for Admissions processing



DEERS Address Updates

- **Do not use % * ~ ? [] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **CHCS/DEERS Address Updates:**
 - CHCS requests eligibility data from DEERS, for NEW Registrations
 - Address information from DEERS is downloaded into CHCS
 - A date/time stamp is associated with the address update
 - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
 - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a Enterprise Person ID in CHCS
 - When DEERS receives update message, it compares the address update

After the initial registration, CHCS does not automatically update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

User must also have the CHCS DG Reg Sync Security Key to synchronize/download DEERS data elements into CHCS.



Duplicate Patients

- **Duplicate Patient Prevention and Merge processing in CHCS is critical to ensure a single electronic medical record in AHLTA**
- **Frequent causes for duplicate patients in CHCS**
 - Newborns (Twin births)
 - Typographical and/or Transcription Errors
 - Name & Sponsor Changes
 - Pseudo-SSNs (John Doe Registrations)
 - Mail-In Labs (Creates Pseudo Patient Name)
 - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search identifies potential duplicates for DQMCRL Review List Item C.2. Item a)**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Item b)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **MHS Trouble Ticket required to resolve duplicate patients in AHLTA**



How many John Smiths really?



DQMCRL Reporting

- Run CHCS standard report - "Potential Duplicate Patient Search"
- Only MTFs on host CHCS platforms should report
- MTFs on shared CHCS host platforms should report the count for the platform and note that the platform is shared and which MTFs share the platform (list by DMIS ID and DMIS Facility Name)

A small, stylized icon of a lit lightbulb with a yellow glow and a blue outline, positioned to the left of the third bullet point.

- Duplicate Patient Reporting Menu, Security Keys and Report Samples (See Back-up Materials)

- **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- Pharmacy Data Transaction System (PDTs) may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA - Appears to the Provider as "Orders NOT Writing Back to CHCS"

- **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card
- First Initial of Last Name + Last 4 Sponsor SSN -> COLON,C
- Partial Name -> COLON,C
- Last Name+Last 4
- Full Patient (Individual) SSN -> 123-44-1234
- Hyphenated Last Names (No Hyphen)





Enrollment Processing

- Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments for TRICARE Prime MTF Enrollees
- When key data elements or Sponsor data does not match between CHCS/DEERS, an error or discrepancy will be reported
- Enrollment data errors potentially impact successful updates:
 - New Enrollments
 - Enrollment and PCM Transfers
 - Family Member Enrollments
- MTFs are not credited with the enrollment if there is an enrollment error and the enrollment is not valid in DEERS
- Enrollment error Network Consult impacting Patient care.



delays in TRICARE
g processed -



Call in the “PIT” Crew!!!

NED Discrepancy Report

Report Run Date 4-May-11

Parent DMIS	Facility Name	BOS	HSR	Region	Count
635	39th MED GROUP-INCIRLIK	Air Force	13	Overseas	2,800
124	NMC PORTSMOUTH	Navy	17	North	2,671
103	NHC CHARLESTON	Navy	18	South	2,282
91	NH CAMP LEJEUNE	Navy	17	North	1,237
639	35th MED GRP-MISAWA	Air Force	14	Overseas	992
79	99th MED GRP-O'CALLAGHAN HOSP	Air Force	19	West	924
89	WOMACK AMC-FT. BRAGG	Army	17	North	849
109	BROOKE AMC-FT. SAM HOUSTON	Army	18	South	701
43	325th MED GRP-TYNDALL	Air Force	18	South	614
60	BLANCHFIELD ACH-FT. CAMPBELL	Army	17	North	582
52	TRIPLER AMC-FT SHAFTER	Army	19	West	573
56	FHCC-FORMERLY NHC GREAT LAKES	Navy	17	North	551
39	NH JACKSONVILLE	Navy	18	South	495
612	BRIAN ALLGOOD ACH-SEOUL	Army	14	Overseas	472
69	KIMBROUGH AMB CAR CEN-FT MEADE	Army	17	North	467
24	NH CAMP PENDLETON	Navy	19	West	436
95	88th MED GRP-WRIGHT-PATTERSON	Air Force	17	North	424
62	2nd MED GRP-BARKSDALE	Air Force	18	South	411
306	NHC ANNAPOLIS	Navy	17	North	376
366	359th MED GRP-RANDOLPH	Air Force	18	South	362
248	61st MED GROUP-LOS ANGELES	Air Force	19	West	332
120	633rd MED GRP LANGLEY-EUSTIS	Air Force	17	North	329

Source:

[TRICARE Operations Center](http://mytoc.tma.osd.mil/Front_pageA.html) http://mytoc.tma.osd.mil/Front_pageA.html

NED Discrepancy - Patient Information Transfer (PIT) Summary



Visit Criteria ???

- **MEPRS Workload Reporting guidelines establish the definition for:**
 - » "COUNT" Visits
 - » "NON-COUNT" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
 - » **1. Interaction between patient and healthcare provider**
 - » **2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:**
 - Examination
 - Diagnosis
 - Counseling
 - Treatment
 - » **3. Documentation**

Focus has shifted from Counting "Visits" to Measuring Work/Services Provided



Workload Assignment

■ Workload Reports:

- World-Wide Workload Report (WWR)
- WAM/EAS (Cost Accounting)

» Workload Assignment:

- DMIS ID Group Parent->Treating MTF DMIS ID
- Only COUNT Visits are reported as Visit Workload
- 4th Level MEPRS Code (Functional Cost Center - FCC):
 - » Inpatient - "A" Level FCCs
 - # Admissions/Dispositions and Occupied Bed Days
 - » Outpatient - "B" Level FCCs and (Dental - "C" Level FCCs)
 - # COUNT Visits
 - » Special Programs - "F" Level FCCs (FBN* Hearing Conservation)
 - # COUNT Visits
- Patient Category (Rolls up to Beneficiary Category)
- Patient Status (Inpatient/Outpatient)
- Appt Status (KERT, S, CALL, WALK IN or T-CON*)



MSR Outpatient Visits

WOMACK ARMY MEDICAL CENTER			04 May 2011@1535			Page 804			
MONTHLY STATISTICAL REPORT by GROUP									
From: Apr 2011 To: Apr 2011									
<hr/>									
MEPRS/DMIS	Code	Description		COUNT WORKLOAD		NON-COUNT WORKLOAD			
				# In	# Out	Total	# In	# Out	
<hr/>									
DIVISION SUMMARY									
Division: JOEL HEALTH CLINIC									
<hr/>									
BGAN/7286	JOEL HEALTH CLINIC		4	3379	3383		1	1275	1276
BHCN/7286	OPTOMETRY - JOEL		0	268	268		0	16	16
BHDN/7286	AUDIOLOGY - JOEL		0	12	12		0	0	0
Division Total:			4	3659	3663		1	1291	1292

- Excellent tool for Visit Workload and Provider Time Reporting Reconciliation
- MSR includes both COUNT and NON-COUNT Visits
- MSR Total COUNT Visits - 3,663
- MSR Includes OCC-SVC Visits (COUNT and NON-COUNT)
- Look for possible mis-assigned Visits to "A" Inpatient Workcenters, based on how users create the Inpatient Visit in AHLTA and/or CHCS



Sample DQ Check

e-MSR Visit Summary Apr-11							Corrected in CHCS
CHCS Pull of 4 May @2000							NON-COUNT in CHCS
APPT_STATUS	TEL-CON	Verify Provider Profile in CHCS ^PPRO Change RN T-CON* Appt Type to NON-COUNT					
Count of A_IEN							
FCC	CLINIC LOC	TYPE	HCP	HCP_SPEC	WORKLOAD	EM_CODE	COUNT Total
			E	900		14	14
			E	900		5	5
			E	900		2	2
			E	900		2	2
			F	900		10	10
			L	613		1	1
	AMH HOPE MILLS TM2	T-CON*	C	600	1	20	21
			C	900	1	11	12
			C	900		2	2
			C	900	3		3
			F	600		7	7
			F	900		2	2
			F	900		12	12
			F	900		1	1
			F	900		1	1
			F	900		15	17
			F	900		9	9
BGZL Total							
BGZM	AMI						115
	AMI						122
BGZM Total							
BHFA	COM						1
BHFA Total							
BHFC	EPI						9
BHFC Total							
BHGA	OCC						1
BHGA Total							
BLAA	PHY						1
BLAA Total							
Grand Total							
							773
							831

NOTES



- **Correct Profiling for RN T-CONS helps reduce COUNT Visit reporting errors for RN T-CONS**
- **RN T-CONS should be NON-COUNT in the CHCS Provider Profile Option (^PPRO)**
- **If the RN Profile is correct in CHCS, but still results in COUNT T-CONS, log an MHS Trouble Ticket to re-synch Provider with AHLTA**



Provider Profile (^PPRO)

APPOINTMENT TYPE: T-CON*

DURATION: 5

WORKLOAD TYPE: COUNT

PULL PATIENT RECORD: YES

PRODUCE ENCOUNTER FORMS: YES

TOTAL # OF OVERBOOKS:

INSTRUCTIONS:

Select BOOKING AUTHORITY:

Select APPT CHANGE AUTHORITY:

Select OVERBOOK AUTHORITY:

SD HCP PROFILE -- CONTINUATION

STATUS: ACTIVE

REFERRAL REQUIRED: NO

PULL RADIOLOGY RECORD: NO

SEND REMINDER NOTICE: NO

NUMBER OF OVERBOOKS PER SLOT:

RN T-CON* Workload Type Should be NON-COUNT

Verify Workload Type for each assigned Clinic Location:

CHC-TEAM ADMIRATION

BGAI

CHC-TEAM BRAVERY

BGAI

CHC-TEAM CONFIDENCE

BGAI

CHC-TEAM DEVOTION

BGAI

CHC-TEAM ENDURANCE

BGAI

CHC-TEAM FREEDOM

BGAI

Quick Tip:

- When selecting the Provider to update from the CHCS Provider Profile List in ^PPRO, **Press F7** to jump to the bottom of the list to enter the Provider to be reviewed/updated



Inpatient Visits

WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU FMP/SSN: 30/800-11-2255
Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC ATC Category:
Clinic Phone:
Provider: QQQCHCSIITEST,BRAGGDOCA Appt Type: ACUTE APPT
Detail Codes:
Duration:
Time Range: 0950 to 0950 Srv Type:
Dates: 14 Feb 2010 to 14 Feb 2010 Days of Week:

This is an inpatient.

Are you from the attending service? No//



- **Both CHCS and AHLTA will prompt:**
 - (CHCS) Are you from the attending service? No//
 - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default**
- **Consulting Providers-> Accept CHCS default o**
 - The Visit will be a COUNT and assigned to a “B”
- **Only the Attending Clinical Staff of the Same Clinical Service should answer “YES”**





AHLTA Inpatient Prompt

1. **New Unscheduled Appointment/Telcon Visit**

2. **Assigned Clinic** (highlighted with a red oval)

3. **Related to Inpatient Stay?**

4. **No** (highlighted with a red oval)

5. **Provider** (highlighted with a red oval)

Patient found as InPatient(MEPRS Code:YYYY)

Date & Time: 04 May 2011 1232

Appointment Type: ACUTE APPT (ACUT) 15
ESTABLISHED/FOLLOW UP APPT (EST\$) 20
GROUP APPT WITH MULTIPLE PTS (GRP\$) 62
ROUTINE APPT (ROUT) 20
TELEPHONE CONSULT (T-CON\$) 30

Appointment Classification: Inpatient

Observation: Observation

Meets Outpt Visit Criteria (Add)?: Yes

USV Type: Walk-In

Call Back Number:

Reason for Appointment: Test of Inpatient Visit

Comments:

Urgency: Low

Related to Inpatient Stay?

the care for this visit being delivered under the same clinical specialty to which the patient was admitted (i.e. is the outpatient visit associated with the patient stay)?

Yes **No**

- 1. Note: Patient found as InPatient (MEPRS YYYY)**
- 2. Leave Blank**
- 3. Pop Up Message will then be displayed**
- 4. Click No - "the Visit is NOT associated with the inpatient stay..."**
- 5. Visit/Encounter will then be credited to the Assigned Clinic**



e-MSR Monthly Detail

e-MSR View							
CHCS Pull of 4 May @2000							
APPT MONTH		Apr-11					
Count of A_IEN		INPT_OUTP <input checked="" type="checkbox"/> WORKLOAD <input type="checkbox"/>					
CLINIC_LOC	FCC	APPT_STAT	COUNT	NON-COUNT	COUNT	NON-COUNT	Grand Total
AUDIOLOGY-JOEL CLINIC	BHDN	KEPT	12				12
AUDIOLOGY-JOEL CLINIC Total			12				12
INTERNAL MED - JOEL	BGAN	KEPT	128				128
		TEL-CON	26				29
INTERNAL MED - JOEL Total			154				157
JHC-BLUE TEAM	BGAN	KEPT	1520	120	4	1	1645
		WALK-IN	4				4
		TEL-CON	80	234			314
		OCC-SVC	8	41			49
JHC-BLUE TEAM Total			1612	395	4	1	2012
JHC-FLIGHT GOLD TEAM	BGAN	KEPT	20	21			41
		TEL-CON		1			1
JHC-FLIGHT GOLD TEAM Total			20	22			42
JHC-RED TEAM	BGAN	KEPT	495	259			754

- CHCS Ad-Hoc from the Patient Appointment File helps reconcile Workload Reports:
 - World-Wide Workload
 - EAS/Workload Assignment Module
- Exclude OCC-SVC COUNT Visits to reconcile to the WWR (3,643 COUNT Visits)

		WALK-IN		1			1
OPTOMETRY-JOEL HEALTH Total			268	16			284
Grand Total			3,659	1,291	4	1	4,955



Worldwide Workload

JOEL AHC - FT. BRAGG
63

DMIS ID: 7286 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2

05 May 2011 0845 Page

Reporting Period: Apr 2011

Calculated: 04 May 2011 2004

TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

TYPE OF REPORT (CHECK BOX): Initial Monthly Final Corrected

Item 00 = Basic
Item 01 = Live Birth

Item	MEPRS/DMIS	Clinic Service	Admissions	Bed Days	Sick Days	Inpatient Visits	Outpatient Visits	Proc
Ambulatory**								
Visits	PATCAT							
--								
BGAN/7286	JOEL HEALTH CLINIC		-	-	-	[4]	[3363]	-
BHCN/7286	OPTOMETRY - JOEL		-	-	-	-	[268]	-
BHDN/7286	AUDIOLOGY - JOEL		-	-	-	-	[12]	-
TOTAL - SECTION I.A.2:			-	-	-	4	3643	-

*Fourth-level MEPRS Codes are not standardized above the MTF level. Comparisons of fourth-level data between MTFs are not valid.

**Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Columns by B Level MEPRS Code, as of CHCS Version 4.5.

Ambulatory Procedure Visits are included in item code 14 in the Worldwide Workload Report ASCII file, as of CHCS Version 4.6.

- **WWR Only Includes COUNT Visits**
- **Ambulatory Procedure Visits are a Sub-set of Outpatient Visits**
- **3,643 Total COUNT Visits matches the MSR but not EAS/WAM**



WAM Outpatient Visits

UIC: W2L6AA	JOEL AHC - FT. BRAGG	05 May 2011 0819												
DMIS ID: 7286		Page: 22												
DATA SET WORKLOAD REPORT														
Month: Apr Year: 2011														
		(Last Data Gen 05/04/11@0001)												
DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
TOT	TOTAL VISITS													
				BGAN/7286	1519	865	403	568	12	0	3367	0.00	0	0.00
				BHNC/7286	225	31	2	9	1	0	268	0.00	0	0.00
				BHDN/7286	0	7	2	3	0	0	12	0.00	0	0.00
				Totals:	1744	903	407	580	13	0	3647	0.00	0	0.00

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

Workload Reconciliation In-Progress



- EAS/CHCS Workload Assignment Module (WAM) Includes only COUNT Visits
- Patient Category Rolls-Up to Beneficiary Category
- Visit data sent to EAS using the CHCS WAM Interface
- Synchronize when Workload Reports are run...
- Still, the COUNT Visits may not match (MSR=3,663 WAM = 3,647 WWR = 3,643)



Workload Comparisons

- The **COUNT/NON-COUNT Visit Workload Flag impacts the comparison of Outpatient workload data in the following sections:**
 - **DQMCRL Section C9.**
 - **# of SADR encounters (count only)* / # of WWR visits**
 - **# of EAS visits / # of WWR visits**
 - **CHCS Security Key SD WK LOAD allows trained users to change the Workload Flag (COUNT/NON-COUNT in EOD)**
 - **A daily file from CHCS Patient Appointment File (based on End of Day Visit processing) is sent to M2 to forecast the number of SADR Encounters - "I" Inferred SADRs**
 - **Daily Appointment file sent to M2 also includes COUNT and the NON-COUNT Workload Flag**



Inpatient Admissions

- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
 - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
 - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
 - Day of Discharge is not counted as an OBD for Workload or Billing
 - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
- **Inpatient Coding:**
 - ICD-9 Codes used to capture both Diagnosis and Inpatient Procedures
 - NATO STANAG (2050) for Cause of Injury Coding
 - Diagnosis Related Grouping (Inpatient CCE – MS-DRG Grouping)



Attending RNDS*

- **Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDS*) in CHCS Ambulatory Data Module (ADM)**
- **The RNDS* Encounter is used to capture the Inpatient Professional Services of the Attending Provider**
- **RNDS* Encounters are completed in ADM**
 - ICD-9 Diagnosis
 - CPT Procedures (Including Evaluation & Management Codes)
- **RNDS* Encounters not completed within 30 days are automatically Cancelled by CHCS**
- **RNDS* Encounters will display in AHLTA. Monitor that Providers DO NOT CANCEL RNDS* in AHLTA**
- **Recommend that the 99499 “Placeholder” be entered for RNDS***
 - RNDS* are NON-COUNT and do not require an E&M Code if there is a CPT Code entered



Corrections Management

- **Correction Management allows corrections to:**
 - Inpatient Clinical Service ("A" Level FCC)
 - Admission-Disposition Date/Time -> Occupied Bed Days
 - Inpatient Patient Category used for Workload and Billing
 - Recalculates OBDs for Inpatient workload reporting and MSA Inpatient billed charges
 - Does not support corrections to Ancillary Requesting Locations
 - **DG CORMAN** Security Key provides ability to change Admissions data, including Patient Category and Bed Days to recalculate MSA Billed Charges
 - Corrections Management Security Key should be limited to PAD Supervisory Staff



Corrections Management

Patient: BXXXX,XXXXXX	VIEW ADT							
FMP/SSN: 20/XXX-XX-XX22								
<hr/>								
DOB: XXFebXX	PATCAT: A31							
	Sex: M							
<hr/>								
TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS	
ADM	14Aug07	2030	AAAA	AAHA	ICU2W		3	Reg# 1306883 (T) ERA
WRD	17Aug07	1316		AAAA	4SMED		3	Interward transfer
DSP	20Aug07	1340						Disp type: HOME
								Bed days=6
								Sick days=6

- **Corrections Management ONLY supports Inpatient data:**

- Patient correctly admitted to AAAA with the system transfer to an ICU (AAHA) Location and Dispositioned from the AAAA FCC
- AAAA is the Referring MEPRS (R-MEPRS) for Occupied Bed Days
- SIDR and WWR will contain OBDs for “A” Level ICU FCCs, however WAM/EAS will include these OBDs as R-MEPRS
- Inpatient Professional Services Records (IPSR) created by CHCS ADM will use the current Clinical Service or R-MEPRS for the RNDS* Encounter
- IPSRs are assigned to the R-MEPRS not “A” Level ICU FCCs



Inpatient Data Extract

- **Inpatient data is reported in Standard Inpatient Data Record (SIDR)**
- **The SIDR is an ASCII Batch extract file of patient level Inpatient data, generated monthly by CHCS:**
 - Army MTFs also create an interim monthly SIDR – “D” Records Only
 - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
 - Treatment MTF DMIS ID
 - Admission/Disposition Dates
 - Source of Admission/Type of Disposition
 - ICD-9-CM Diagnosis & Procedure Codes
 - MS-Diagnosis Related Group (DRG) and Weight
 - Patient Demographics (including Patient Category and Enrollment)
 - Age at Admission
 - Occupied Bed Days per Clinical Specialty (4th Level FCC)
 - Intensive Care Unit (ICU) Days
 - MEPRS Code of the Referring Clinical Specialty for ICU Care



■ **See Notes view for SIDR Record Status**



SIDR Status

SIDR Days Summary					
As of 18 Apr@1100					
Table Source: Raw_Data					
* Does not include XXX-YYY					
DC FY	FY-11				
Count of REG NBR	MET NOT MET				
DC MO	CODING	MET	NOT MET	Blank	Grand Total
Oct-10	Approved	982	116	15	1,098
	Cancelled			15	15
Nov-10	Approved	920	116	12	1,036
	Cancelled			12	12
Dec-10	Approved	960	93	14	1,053
	Cancelled			14	14
Jan-11	Approved	1,067	76	27	1,143
	Cancelled			27	27
Feb-11	Approved	1,004	49	21	1,053
	Cancelled	1		21	22
Mar-11	Approved	1,095	4	2	1,101
	Not Coded			40	40
	Cancelled	2		24	26
Apr-11	Approved	38			38
	Not Coded			622	622
	Cancelled			5	5
	Admitted			5	5
Grand Total		6,069	454	787	7,310

DC MO	CODING	SIDR STATUS	Average of CODING DAYS	Count of REG NBR
Oct-10	Approved	Force Transmitted	35.1	36
		Transmitted	27.3	1,062
Nov-10	Approved	Force Transmitted	32.8	31
		Transmitted	27.4	1,005
Dec-10	Approved	Force Transmitted	43.2	29
		Transmitted	27.3	1,024
Jan-11	Approved	Force Transmitted	18.3	28
		Transmitted	16.2	1,115
Feb-11	Approved	Force Transmitted	12.1	31
		Transmitted	12.9	1,022
Mar-11	Approved	Force Transmitted	12.8	23
		Incomplete	10.9	2
		Released to A&D	14.2	3
		Transmitted	11.9	1,073
Not Coded		Incomplete (blank)		37
				3
Apr-11	Approved	Force Transmitted	9.3	1
		Transmitted	10.2	37
	Not Coded	Incomplete (blank)		596
Grand Total			21	7,184

Notes



- High # SIDR Not Met Expected during 1st 30 days of each FY due to delays in receiving updated ICD-9 and DRG tables.
- FY10 ICD-9/MS-DRG Table updated 16 Jan 2010
- FY11 ICD-9 and DRG Table updated 19 Oct 2010
- Pre-Coding FY10 -11 Admissions in CCE, reduced Catch-Up Time to transmit SIDRs



MS-DRGs in 2009

- **MHS transitioned from CMS Diagnosis Related Groups (DRGs) to Medicare-severity DRGs**
- **Expands # of DRGs from 538 to 745**
- **Caution when pulling 2009 data by DRG from CHCS!!!**
- **Some CMS DRGs now have a completely different description and weighted value**
- **Examples:**

373 (CMS DRG) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
(MS-DRG) MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS

376 (CMS DRG) POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
(MS-DRG) DIGESTIVE MALIGNANCY W/O CC/MCC

378 (CMS DRG) ECTOPIC PREGNANCY
(MS-DRG) G.I. HEMORRHAGE W CC

379 (CMS DRG) THREATENED ABORTION
(MS-DRG) G.I. HEMORRHAGE W/O CC/MCC



DRG Weighted Values

DRG Summary	Maternity DRGs 765-768 774-782																	
As of 20 Jan 2011	Change to MS-DRGs 1st QTR FY09																	
CLINIC/CLINICAL SERVICE	(All)																	
TRANSFERS	(All)																	
DC FY	FY-11																	
AGE STAGE	(All)																	
A&D LIST CATEGORY	(All)																	
TYPE CASE	(All)																	
Count of REG NBR																		
DRG	DRG DESC	ACT_WEIGHT	DC MO	Oct-10	Nov-10	Dec-10	Jan-11	Grand Total	Top DRGs									
795	NORMAL NEWBORN	0.1083 0.1105 0.1297 0.1489	28 181 199 1	47				28 629 1 1										
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.3881 0.3995 0.6077	24 144 1	170	34			24 511 1										
792	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER P	0.1972 0.2128 0.3349	9 40 1	63	7			9 156 1										
766	CESAREAN SECTION W/O CC/MCC	0.6613 0.6787 0.7587	9 27 1	44	7			9 111 1										
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.4773 0.496	6 37	32	7			6 102										
313	CHEST PAIN	0.6174 0.6259	35 4	24	4			88 4										
765	CESAREAN SECTION W CC/MCC	0.8404 0.8684	6 19	32	25	7		6 83										

Source: Ad-Hoc CHCS Patient File with Encounter ID Extra to join DRG and weighted value



DQ Process Key Points

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification
6. OUI Capture / DD

Clinical (CHCS/ADM & AHLTA)

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion
11. Ancillary Order

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

Be Prepared for the “Duration”... Data Quality is not at One-Time Effort...



It Takes a Team!

- 1. Workload Reconciliation and Coding Compliance Review/Audit**
- 2. Database Administration (Files & Tables)**
- 3. Interface Error Management**
- 4. Data Needed for Operational Assessments and DQMCR**
- 5. Staff Training and User Access Management**
- 6. Trouble Shooting and Trouble Ticket Reporting**





DQ - Where to Start ??

1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:

- CHCS Virtual Classroom or Scheduled Training Options
- PASBA Coding VTC (Click on Coding->Coding VTC)

2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum

3. Understand your MTF Business Processes:

- Provider/Staff In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Business Plan Targets/Balanced Scorecard Objectives Initiatives
- Special Programs
 - Warrior Transition Battalion
 - Case Management
 - Traumatic Brain Injury Clinic